

## Breathwork as a Therapeutic Modality: An Overview for Counselors

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Using the breath as a vehicle for accessing psychological material is a topic rarely discussed in the counseling literature, despite the use of conscious engagement with the breath by many spiritual traditions for the purpose of personal transformation. This article describes 3 types of conscious breathing (circular breathing, conscious connected breathing, and fast and full breathing) and the use of therapeutic breathwork within the counseling process. The authors describe the many facets of the breathwork experience, provide a case study, and address clinical considerations when engaging in breathwork with clients.

Within many wisdom traditions around the world, the act of breathing provides the foundation for the spiritual self. Hindus speak of *prana*, the Chinese speak of *chi*, the Japanese of *ki*, and Christians speak of the Holy Spirit that breathes in them. The ancient Essenes baptized persons by immersing them in water nearly to the point of suffocation and resurrecting them with a gasping breath of new life (Larson, 1967). The breath has also been essential to aboriginal shamanic practices and within Zen Buddhist and Yogic meditative traditions (Lee & Speier, 1996). In fact, the term *spirit* is derived from the Latin *spiritus*, which is translated as "breath" or "breath of life." Lowen (1975) noted that "only through breathing deeply and fully can one summon the energy for a more spirited and spiritual life" (p. 66). On a psychological level, Wilhelm Reich (1942) first documented that people unconsciously restrict their breath as a way to manage uncomfortable feelings. In this article, we describe how conscious breathing (i.e., breathwork) can be used as a safe and powerful method for entering nonordinary states of consciousness (Taylor, 1994) for the purpose of promoting healing on four levels of human functioning: the cognitive, the emotional, the physical, and the spiritual.

Scientific inquiry into the benefits of breathwork has gained momentum only in recent years. As a result, empirical studies are limited and the majority of the literature on breathwork reports only anecdotal cases. Although empirical evidence is limited, researchers have reported promising results. Holmes, Morris, Clance, and Putney (1996) found that persons participating in both breathwork sessions and experientially oriented verbal psychotherapy had significantly higher gains in self-esteem and

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reduction in death anxiety when compared with persons participating in only experientially oriented verbal psychotherapy. Chou (2004) reported on a study with married partners who served as *sitters* for each other in a series of three breathwork workshops. Within the breathwork vernacular, a sitter is someone who focuses compassionate attention on a breather and provides any requested physical and emotional support without interrupting or interfering with the process. Participants in Chou's study reported increased quantity and quality of communication, increased affection and support, more physical touch, an increase in shared activities, and a greater level of acceptance for differences. It is interesting that these benefits were reported only for couples when both partners were willing participants in the workshops. In some instances, one of the partners was resistant to the process, and these couples reported no improvement in their relationship on the basis of the breathwork experience. Although research results are promising, reported results of well-designed and controlled studies are limited. Currently, a small number of researchers are testing the effects of breathwork and additional empirical findings are imminent.

### Emptying and Filling the Vessel: Identifying Transparent Beliefs

A helpful analogy for understanding the breathwork process on a subjective level is to consider a vessel or container. If a vase is empty, it is possible to fill that container with water. If, however, a vase is already full of something other than water, efforts to further fill the container will be, to say the least, unsuccessful. The same can be said for the human emotional processes. If one consciously works to draw positive energy into the body (the vessel), success will be obtained only inasmuch as the vessel is empty of negative emotions and beliefs. The healing process, then, requires the emptying out of negative thoughts, emotions, and beliefs so that filling with more adaptive energies, emotions, and beliefs can occur.

What, then, is being emptied? If the ultimate goal of human development is toward self-actualization (characterized by wisdom, humility, love, compassion, and self-sacrifice), then that which must be "emptied" are self-imposed barriers that were constructed over one's lifetime. Although these impediments (i.e., defense mechanisms, emotional cutoffs, repressions, stored body memories) may have been adaptive at the time they developed, they have become blocks to one's happiness. Therefore, the emptying process for most adults involves accessing, experiencing, and creating corrective experiences for painful emotions, distorted personal beliefs, and physical somatization caused by psychological injury.

A normal consequence of psychological wounding is for one to develop personal laws that influence beliefs about self, others, or the world. These personal laws will persist until they are directly encountered and transformed. Although the content of these beliefs are personal and unique, commonly

held personal laws might include "I'm not good enough," "I can never have what I want," "I'm a mistake and don't belong here," "the world is unsafe," and "no one wants me." Often, prior to the therapeutic process of counseling or breathwork, these beliefs are not conscious, although they permeate all aspects of the individual's life. Such beliefs are said to be transparent beliefs in that individuals have no conscious awareness that the belief exists until they see the impact of the belief on their thinking, feeling, and behaviors.

Predictably, these beliefs affect the emotional and social levels of development. The child who is repeatedly told that he or she is stupid not only begins to develop a belief about this but also begins to have cognitive and emotional reactions to this belief. During childhood, these emotions can overwhelm the child's coping and thus begin the process of emotional repression. Unfortunately, the psychological effort (e.g., engagement of defense mechanisms) used to avoid feeling undesirable emotions limits the individual's vigor for other pursuits, thereby limiting his or her experience of psychological freedom and joy (Capuzzi & Gross, 2001).

Conscious breathing techniques provide a powerful intervention strategy for identifying and rescripting beliefs. Sustained conscious breathing provides a bridge between the conscious and the unconscious, allowing transparent beliefs to come into conscious awareness, where they can be examined intentionally and subsequently transformed. Furthermore, the use of sustained conscious breathing supports the full experience and expression of emotion that accompanies beliefs. Imagine a female client who felt unwanted by a self-absorbed parent. She might have felt this as emotional aloneness and isolation; developed a belief that "no one loves me"; and might hold powerful emotions of sadness, fear, and even rage that her parent psychologically abandoned her.

In normal states of consciousness, when a strong emotion emerges, defense mechanisms are used to suppress the emotional flow, thus causing the undesired emotions to subside. Physically, this process has been called *body armoring*, which occurs when areas of the body's musculature are constricted to physically block or hold back repressed emotion (Lowen, 1975). This process is accompanied by restricted shallow breathing. In contrast, when one breathes fully, not only air but also emotional energy is freed to move through the body, allowing for full experience of these emotional impulses. It is the process of repressing and holding emotion inside the body that is problematic and needs correction rather than the cognitive judgment against the emotion itself. Thus, the process of breathing consciously, fully, and deeply can bridge the conscious and unconscious mind, allowing for emergence and exploration of transparent beliefs while facilitating the full experience and expression of all emotions (Grof, 1988; Rama, 2007). Conscious breathing provides a vehicle, then, for emptying the self of maladaptive transparent beliefs and the accompanying emotional patterns that have been stored in the body, in order to create space for intentionally derived beliefs, authentic emotional responses, and ultimately more directly considered choices to fill one's life.

## Conscious Breathing

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The term *conscious breathing* refers to a number of breathing techniques (for further exploration, see Grof, 1988; Manné, 2004; Orr & Ray, 1977; Taylor, 1994). Although there is some variance in the specific breathing techniques promoted within schools of breathwork (e.g., holotropic breathwork vs. integrative breathwork), there are commonly used breathing patterns that are described in this article. In some instances, particular types of breath are prescribed for the breather. In others, one is simply encouraged to breathe more deeply and fully and more quickly in a sustained manner until an altered state of consciousness occurs. An altered state of consciousness is a mental state other than normal waking consciousness in which one loses the sense of identity with one's body or with one's perceptions. Such nonordinary states of awareness include dream states, meditative/prayer states, hypnosis, sensory deprivation, some psychoactive drug states, and social activities such as frenzied dancing or chanting. These experiences are thought to allow access to experiences of the self not possible in ordinary consciousness. Breathwork is a self-regulated controlled process that allows access to an altered state of consciousness.

### *Circular Breathing: The Starting Point*

The circular breath is long, slow, and full; the lungs are completely filled and emptied with each breath, serving to clear blocks within the energy body. The use of the chakra model in breathwork provides focal points for clients as they begin using the breath as a way to foster energy movement. According to traditional Indian medicine, chakras are believed to be points of permeating energy on the physical body and extending into the etheric body (Lesser, 1999). Whether or not one literally believes in this system, it provides a conceptualization for important psychological realities. There are thought to be seven chakras spanning up the core of the human frame from the base of the spine to the top of the head. These locations are said to correspond to essential psychospiritual issues: (a) connection to earthly life, (b) one's personal power, (c) one's emotions, (d) love, (e) communication, (f) insight, and (g) spiritual connection to God. At the beginning of the inhalation, it is helpful to imagine the breath moving through the first chakra, located at the perineum, and up the back throughout the inhalation. Persons inclined to dissociate might benefit from imaging themselves grounded to the earth by roots growing from their feet and legs and then up the back. At the end of a long and full inhalation, the exhalation begins to move the breath out through either the top of the head (crown chakra) or the mouth (throat chakra) and returns to its point of origin to begin the next cycle. It is safe to practice circular breathing on one's own without a facilitator. Circular breathers are likely to experience cognitive clarity or perhaps unlock trapped emotions. When this occurs, breathers are advised to continue to be mindful

of their breathing and cognizant of the tendency to restrict the breath as a way of tucking those emotions back from whence they came.

### *Conscious Connected Breathing: Eliminating the Pauses*

Conscious connected breathing is essentially the same as the circular breath, with one key difference. In the typical breath pattern, there is a pause at the top of the inhalation and at the bottom of the exhalation. Conscious connected breathing is simply the circular breath with the pauses intentionally removed. That is, the inhalation and exhalation are connected in one continuous cycle. Breathers may breathe either through the nose or through the mouth but use the same modality for both the inhalation and exhalation. One caveat is crucial here: Sustained conscious connected breathing will likely lead to an altered state of consciousness and should not be undertaken without the assistance of a trained facilitator. Although many persons do not move into an altered state until they have sustained connected breathing for 20 to 30 minutes, others begin to alter consciousness after only a few connected breaths.

### *Fast and Full Breathing: Inducing the Altered State*

Breathing fast and full is simply an accelerated version of conscious connected breath. Because the breathing is much more rapid, most practitioners encourage the breather to let go of the image of the circular breath and simply connect the inhalation and exhalation at a more rapid pace. It is important that the emphasis be on the inhalation and that the exhalation be allowed simply to "fall" (i.e., released rather than forced or blown out). Forcing the exhalation often results in "tetany," an uncomfortable cramping in the hands or around the mouth (Taylor, 1994). As with conscious connected breathing, the fast and full breath, when sustained, will lead to an altered state of consciousness and should not be attempted without a trained facilitator.

### The Breathwork Experience

It may be useful to briefly characterize common experiences in breathwork. Grof (1988) noted that traditional counseling and therapy, although very useful, are limited to the analytic and recollective (i.e., thinking objectively about past experiences). This means that clients will bring only the information into a session that their conscious mind can remember or can be comfortably processed. In some cases, this is most important because the client's defenses will protect him or her from painful psychological experiences that might be overwhelming to the ego. Other clients, however, are limited by exploring only the conscious and might benefit from work that is not confined to the analytic and recollective levels of awareness.

Stanislov Grof (1988), a Czechoslovakian psychiatrist who developed one approach to breathwork (i.e., holotropic breathwork), provided a map of the

levels of consciousness that serves as a template for common breathwork experiences. In his nomenclature, Grof suggested that there are four categories of nonordinary consciousness experience that are commonly accessed within the breathwork experience: (a) sensory, (b) biographical, (c) perinatal, and (d) transpersonal. The sensory level includes physical sensations such as tingling, pain, muscular tension and release in the body, and/or the need to move or contort the body. During altered states, breathers commonly report experiencing the body in a way they do not access during ordinary consciousness. For example, breathers in a group setting will frequently experience very different temperatures in the same space. In a room set at a comfortable temperature, some may begin to feel hot and sweaty while others may feel cold and request a blanket.

The biographical level of consciousness includes all of the experiences that have occurred within one's lifetime (Grof, 1988). Commonly, breathers relive past experiences in a manner quite distinct from the analytic level that might occur in ordinary consciousness. The biographical experiences may be pleasant or unpleasant, but all share the characteristic that some aspect of the experience is psychologically poignant prior to the breathwork session (Taylor, 1994). Transparent beliefs, memories, and emotions connected to these experiences frequently emerge. By staying connected to the breath and the biographical experience, the breather may be able to discover the transparent belief, the origin of the belief, and allow emotions connected to this to find full expression, creating a healing experience in which traumatic events are better understood, resourced, redefined, and integrated in some new way.

The third category of Grof's (1988) theory on nonordinary consciousness often accessed through breathwork is the perinatal. *Perinatal* refers to experiences during and immediately after birth. Although many individuals new to breathwork find this difficult to accept, it is common for individuals to report experiences related to birth (i.e., feeling held in a nurturing space, feeling constriction and no way out, struggling to get free and release after escape). Grof considered birth to be the first encounter individuals have with death and rebirth, as well as creating an initial experience that influences later occurrences of change. Although a full review of perinatal consciousness is beyond the scope of this article, interested readers are referred to Grof's writing on the Basic Perinatal Matrices.

Finally, the transpersonal category of nonordinary consciousness often is accessed during the breathwork process. The term *transpersonal* literally means "beyond the ego." Transpersonal experiences extend "beyond our limited personal identity in present space and time" (Taylor, 1994, p. 74). People report transpersonal experiences from a variety of activities including religious participation, exercise, and meditation, to name a few. Transpersonal experiences may be thought of as similar to what Abraham Maslow labeled *peak experiences* (Maslow, 1993, 1998). Breathers commonly refer to feelings of unity; a sense of connectedness with all or part of life or with Jesus, Buddha, or God; out-of-body experiences; and/or incidents of communication with

an archetype ideal during breathwork (Taylor, 1994). These experiences are consistently described as profound and transformative by the individuals who experience them.

## The Case of Mike

Although each individual's experience of breathwork is highly personal and unique, to deepen the reader's understanding of what the process of therapeutic breathwork is like, we provide a description of its application with a client. It is important that the reader not conclude that the case presented here is summative, or even typical, of all breathwork. A person's approach to a given breathwork session is viewed as his or her best attempt at self-healing at that particular time; therefore, no evaluation of a session by either the breather or observer as good or bad is warranted. This requires a shift for many counselors because the quality of the sessions is often judged as effective or ineffective.

### *The Client*

I (first author) worked with Mike (a pseudonym for an actual client) for eight sessions of breathwork over about a 10-week period. He was a 50-year-old, single White male counselor in private practice, who requested breathwork after hearing that I had received training in the modality. (Readers may visit [www.breaththerapy.net](http://www.breaththerapy.net) for more information.) He and I had some professional contact prior to starting the breathwork, but I had little knowledge of his psychological issues or current life circumstances. Mike was in a doctoral program in counseling, so he was familiar with more in-depth psychological work.

### *Preparing the Client for Breathwork*

I began my work with Mike by having a general discussion as to what he wanted to gain from breathwork. It is important to talk with a potential breathwork client about his or her goals for the work, just as in traditional psychotherapy. We also discussed any health issues that might prevent Mike from being a good candidate for this work (e.g., a heart condition, recent surgeries). He reported no such conditions. Through our discussion, Mike indicated that he wanted to work on his inclination to be unfocused and the difficulty he experienced in completing important tasks in his life, such as his doctoral dissertation. In addition to his lack of focus, Mike reported his tendency to spend time fantasizing about what he might do rather than executing his ideas in a concrete form. Mike recognized the need for groundedness, which would allow him to complete the tasks associated with writing his dissertation or expanding his counseling practice, so that he could accomplish longer range goals even if these immediate tasks were

uncomfortable. After this discussion and brief processing, I asked Mike to develop an *intention* for the initial breath session. An intention is a statement that encapsulates the main issue that will be addressed in the breath session. Intention is used with breathwork to provide an orientation for the work and to help clients focus on what they hope to heal, transform, or release through the process. Mike set the following intention for the first session: "to transform the blocks to staying grounded."

### *Teaching Conscious Connected Breathing*

As with all breathwork clients, I began the breathing portion of the first session by lying on the floor along with Mike and demonstrating the conscious connected breath. I normalized any resistance Mike might feel to this unnatural style of breathing and instructed him to breathe into whatever feelings, thoughts, and sensations that emerged during the process. For approximately 5 to 10 minutes, Mike and I practiced the circular breathing together. After I felt certain that he both understood the conscious connected breathing and was comfortable with the process, I asked him to continue breathing in this manner while I sat beside him observing.

### *Role of the Observer/Sitter*

As a sitter, I concentrated initially on Mike's breathing pattern and style. There are common dysfunctional breathing patterns that can yield information about emotional issues of the client. These patterns involve inhibitions to a full smooth breath in which the stomach and chest easily rise and fall through the breathing process. For example, I noticed that Mike had a tendency toward *split breathing*, in which the belly rises and falls but the chest remains static. This pattern is associated with wounding in the heart region and holding back emotions (Lampman, 2003). This way of understanding the relationship between breathing and emotions is related to the concept of character structure developed by Reich (Lowen, 1975; Reich, 1942).

In addition to looking for any disturbances in the breath, the sitter is there to provide safety and support for the breather. As a sitter, I aim for an open awareness akin to the state of meditation; I seek to maintain an open consciousness that allows me to be fully present, thereby staying connected to what is happening with the breather and attending to her or his needs. In the case of Mike, he was generally able to ask for any assistance he desired (a blanket, pillow, light pressure on his chest). The needs of breathwork clients will vary greatly, from asking for water or talking through an experience to requesting resistance against the feet/back or some other contact or support. The sitter waits for the breather to ask for something, or, if the sitter senses a need, she or he inquires about it gently, taking cues from the breather.



My role as sitter for Mike involved watching carefully as he breathed and looking for changes in his breathing, his body, or his emotions. I kept shorthand notes because this helped me remember in later sessions what I observed. I also looked for repetitious patterns as clues in Mike's movements and reactions to what he was working on and what might remain unresolved.

### *The Sessions*

As the first session began, Mike was lying on his back and breathing using the conscious connected breathing. After some time, he indicated that he had the feeling of "disappearing," which I did not understand. I did not pursue his meaning because I trusted that the work that was happening was largely internal and beyond words. More important, if the meaning was clear to Mike, there was no need for me to understand. As he breathed, Mike began to sweat and move his body. He rolled from side to side, moved his feet as if he were walking, or shook them enthusiastically. At times, he would smile or laugh as if he was having a pleasant memory or experience, but, as is often the case, he reported these were the times he would gain insight or clarity about some aspect of himself.

In subsequent sessions, Mike encountered a myriad of experiences ranging from joyful and distraught, to jubilant and perplexed. At times, he danced, cried, shook, rolled, and flailed. He would curl up and rest in silence after a time of much energetic release in his body. Mike consistently had experiences that involved connecting with and trusting his body. Like many men, he had learned to value his mind over his body. The breathwork clearly seemed to focus on the integration of these two domains. In a particular session, he stated, "I couldn't get out of my body" and "The secret is in my body."

As he processed his breathwork, Mike discussed issues consistently related to structure versus nonstructure, connection versus being alone, body versus mind, present versus future, doing versus being, and other such polarities. In fact, it seemed that Mike's work was about finding a balance between extremes. His challenge, it seems, was true integration rather than merely swinging between polarities. This type of psychological integration is consistent with Jung's discussion that during midlife, the psyche pulls toward the merging of opposite facets of the self (Stein, 1983).

### *Postsession Processing*

After the natural cycle of the breathwork session begins to come to an end, the client is given time to integrate the experience, to reorient to normal consciousness, and to make meaning of the work. One concrete way that I did this with Mike was to ask him to develop an affirmation for his session with regard to the initial intention. Mike reported that he felt much more grounded, connected to his body and senses, and that the

main insight and experience he gained was how very important it was for him to remain consciously connected to his body rather than continuing his pattern of "flight."

### *Clinical Impressions*

Although much of the breathwork process is out of view to the observer, there are often concrete changes that can be identified by the breather and observer. Mike reported several changes during his 8 weeks of breathwork, including that he became more scheduled and organized, about which he felt good rather than resentful. He also reported that he had cleaned his apartment and was going to bed at an earlier time. During the time of our work together he went through the process of nearly buying a house, but was able to let the deal go when he felt there were too many obstacles in the way. He turned in another draft of his dissertation proposal and felt pleased with his work. He made a decision to leave a part-time teaching position at a community college in order to focus more effort on his counseling work. All of these changes he attributed to his using the breathwork process to gain clarity, stay grounded, and become more in touch with his body.

### *Follow-Up Session*

Approximately 3 months after the completion of our eight sessions, I interviewed Mike about his overall memories, impressions, and experience of breathwork. We discussed at length if and how Mike thought the work had affected his life. In response to the question "What had been transformed by the experience?" he stated,

I don't mind being busy anymore. I had been too laid-back for my own good. But, I don't resent the structure now. I may fall back into workaholism [an old pattern he had overcome in the past] and then I will need to back off. Yet, there is much more awareness and peace about it. The breathwork really calmed down the [inner] critic about anything I was or wasn't doing, things I should work on, or things I should accept.

This led me to ask about the psychological work for Mike that remained unfinished. He stated, "It's related to the lack of connection. To finish [the dissertation], I have to be connected to the process and involved with the dissertation committee to complete it. Yet, there is a fear of connection." I sensed from his discussion a sort of push-pull in which he desired connection and resisted it, just as he desired to complete his degree yet resisted it. He closed the follow-up session by stating, "Now I am at the point of having a hard time in application in my everyday life." As with most people, Mike reported a variety of experiences from the process occurring on many levels. At our last conversation, Mike

reported he believed he had made changes but that there was more work to be done and he may be returning for more breathwork, which he did. Mike did successfully complete his dissertation and receive his doctoral degree.

### Clinical Considerations

Breathwork is not appropriate for all clients. This approach is contraindicated for persons with severe asthma, those who have had recent surgeries, or those experiencing hallucinations or an acute mental illness until stabilization is achieved. Beyond these medical contraindications, however, is the reality that not all clients are prepared for the myriad of experiences likely to emerge in the breathwork process. The ultimate goal of the breathwork process is a *breakthrough*, not a *breakdown*, and people with poorly developed ego strength or those new to psychological work may not benefit from the breathwork process.

The ability to integrate breathwork experiences is vital. As mentioned in the case of Mike, clients are given time at the conclusion of their sessions to process their experiences or to journal about them. This is necessary to facilitate the integrative process because the breathwork session itself involves an altered state of consciousness. Clients need time to return to normalcy before attempting to drive home or return to normal activities.

Just as in talk therapy, forms of resistance will emerge in the breathwork process. Often at an unconscious level, clients will "shallow out" their breathing to avoid coming into contact with difficult material. A client will sometime alter his or her breathing patterns, most commonly inhaling through the nose and exhaling through the mouth. Another expression of resistance occurs when the client brings herself or himself out of the altered state prematurely, commonly by altering the breath and/or opening the eyes. Some clients will dissociate during the breathwork, avoiding contact with difficult material. All of these behaviors reduce the intensity of the altered state and detract from the benefits of breathwork. However, as with talk therapy, it is a mistake to think of resistance as negative. Resistance is a vital coping strategy to avoid overwhelming the psyche, and, as such, it should be worked with patiently.

Informed consent is another consideration for breathwork. The depth and intensity of the work requires the counselor to discuss in some detail with the client the types of experiences that commonly emerge from breathwork. It must be acknowledged, however, that one cannot fully predict what a client's experience will be like.

The use of touch within the breathwork process also should be carefully discussed and negotiated up front. Given the many potential legal and ethical issues related to touch, it is suggested that no client ever be touched without written consent. With various clients, boundaries ranging from no touch, to touch only when requested by the breather, to the counselor's discretion as to

when touch is appropriate can be negotiated. From the outset, it is explicitly stated that therapeutic touch is used to support the work. Breathwork is most effective when the client is able to surrender into the process. Therefore, trust between the breather and sitter is imperative. Although there are no specific ethical guidelines related to therapeutic touch in the *ACA Code of Ethics* (American Counseling Association, 2005), the code does describe the counselor's responsibility to avoid harm, including unanticipated harm, and promote the welfare of the client. Therefore, therapeutic touch is contraindicated if it has even a remote potential of doing harm to the client.

Nevertheless, Durana (1998) noted that touch "can facilitate emotional corrective experiences in cases where there have been deficits in development (by supplying good enough parenting) and where there has been a history of abuse (by reducing the aversion to being close)" (p. 275). Durana also noted that professional ethical guidelines about touch are not standardized and that a counselor must be aware of the potential harm caused by inappropriate nonerotic touching. Specifically, when considering touch, counselors must consider (a) a client's readiness for physical contact, (b) the appropriateness of contact, (c) how contact is being interpreted, (d) possible erotic countertransference, (e) that touch might be misconstrued by a client's family as sexual overture, and (f) patterns of differential touching with respect to gender (Durana, 1998). In short, touch should be carefully considered and negotiated.

## Conclusion

Breathwork is a unique therapeutic modality in that the client is encouraged to draw on conscious and unconscious levels of awareness in a manner not typically accessed in traditional verbally based therapies. It is not uncommon for breathwork participants to report profound experiences yet struggle for words to accurately capture the impact of a session. Frequently, clients engaging in breathwork will report a broad range of emotions, thoughts, and body sensations, and the counselor must support the clients' process with less objective clarity about the clients' experience. What is commonly described by practitioners of breathwork is that the conscious breathing techniques tap into the innate and unique potential of clients to heal themselves.

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